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AUTHOR Tein, Jenn-Yun; And Others
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ABSTRACT

Prevention and intervention studies of children of divorce emphasize the importance of assessing the parenting behavior of the custodial parent and how it relates to the symptomatology of the children. This study was undertaken to assess this parenting behavior and how it relates to the child's symptomatology based on both parent's and child's report, and to probe the degree of inconsistency between the parent's and the child's reports. Participants were 190 children of divorce between the ages of 8 and 15 years, and their custodial parents, 185 of whom were mothers. Parents and children completed separate in-home interviews in which they reported on parenting behavior and child's psychopathology. The findings revealed that the correlations between parent's and child's reports of parallel constructs were all significant. Furthermore, the correlations between parenting behavior and child symptomatology based on the same informants were significantly higher than those based on different informants. The relationships between parenting and child symptomatology were higher for boys than for girls in the sample. (Author/NB)

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Within- and Cross-informant Relationships between Parenting Behavior and Child Symptomatology

Jenn-Yun Tein, Ph.D

Lynn M. Virdin

Stephen G. West, Ph.D

Program for Prevention Research

Community Service Building at Papago Park

Arizona State University

Tempe, Arizona 85287-1108

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Abstract

The purpose of this paper is to assess the parenting behavior of the custodial parent and how it relates to the symptomatology of the child based on both parent's and child's report, and to probe the degree of inconsistency between parent's and child's reports. We found 1) the correlation between parent's and child's reports of parallel constructs are all significant, 2) the correlations between parenting behavior and child symptomatology based on the same informants are significantly higher than those based on different informants, and 3) the relationships between parenting and child symptomatology are higher for boys than for girls.

INTRODUCTION

Prevention and intervention studies of children in stressful family situations (e.g., children of divorce) emphasize the importance of assessing the parenting behavior of the custodial parent and how it relates to the symptomatology of the children. This paper addresses four issues in this area. First, we examine the degree of agreement between parents and children on measures of symptomatology (depression, anxiety, conduct problems) and on measures of parental warmth and rejection. Second, we examine the relationship between reports of parental warmth and rejection and measures of symptomatology based on measures taken from a single informant, either the parent or the child. Third, we examine the cross-informant relationships between parental warmth and rejection and measures of symptomatology. Finally, we examine whether the relationships described above are moderated by two child characteristics: age and gender. These analyses allow us to probe the extent to which perceptions of parenting and symptomatology are shared by parent and child and the extent to which shared vs. nonshared perceptions of parenting are associated with symptomatology.

METHOD

Participants

Participants were 190 (91 girls; 89 boys) children of divorce and their custodial parents from the Phoenix Metropolitan Area. The children's ages ranged between 8 and 15, with a mean of 10.7. The large majority of custodial parents were mothers (185 mothers,

5 fathers). The mean age of the custodial parents was 36.6 years, the median family income was $25,000-30,000 per year, and the modal education was some college or technical school. The ethnic backgrounds of the custodial parents were: 170 caucasian, 11 hispanic, 6 other ethnic groups; 2 subjects did not report their ethnic background.

A random sample of families that had filed for divorce in the past two years were selected from court records and invited to participate in a program for children of divorce. Of those families we were able to contact by telephone, approximately 35% agreed to participate in the study.

Measures

The measures reported here were collected in home interviews from one randomly selected target child (8-15 years of age) and the custodial parent prior to any program involvement. The child and parent were interviewed separately. All questions were administered orally by the interviewers; the respondents were also presented with a copy on which they could read along.

Parent's and Child's Report of Parenting Behavior. Parenting behavior was measured by using the Acceptance and Rejection scales from the Child Report of Parenting Behavior Inventory (CRPBI, Schaefer, 1965). The CRPBI was originally designed as a children's report form to assess their parents' behavior. In this study, a parallel form that included the identical items from the Acceptance and Rejection scales was administered to the custodial parents to report on their own parenting behavior.

Parent's and Child's Report of Children's Psychopathology. Children's report of their own mental health problems were assessed by using three self report measures: the Child's Depression Inventory (CDI, Kovacs, 1981), the Children's Manifest Anxiety Scale-Revised (CMAS-R, Reynolds & Richmond, 1978), and the Antisocial Index (derived from the Youth Self Report; Achenbach & Edelbrock, 1987). The Child Behavior Checklist (CBCL, Achenbach & Edelbrock, 1979) was used to assess the parent's report of child symptomatology. Gersten, Beals, West, and Sandler (1987) have developed and have established convergent and discriminant validity for CBCL-based scales measuring depression, anxiety, and conduct disorder. These scales served as the counterparts of child self report scale.

Analysis

Pearson correlations were computed for the following pairs of reports:

(1) parent's report with child's reports of parenting behavior (acceptance, rejection) and child's symptomatology (depression, anxiety, conduct problem) (see Table 1);

(2) a. parent's report of parenting behavior with parent's report of child's symptomatology;

b. child's report of parenting behavior with child's report of child's symptomatology (see Table 2);

(3) a. parent's report of parenting behavior with child's report of child's symptomatology;

b. child's report of parenting behavior with parent's report of child' symptomatology (see Table 3).

Note that the analyses reported in Table 2 are correlations of parenting with symptomatology based on reports by the same informant (i.e., within-reporter correlations). In contrast, the analyses reported in Table 3 are correlations of parenting and symptomatology based on reports by different informants, (i.e., cross-reporter correlations). All the analyses above were also computed separately for (a) boys and girls and (b) younger (8-11) and older (12-15) children. Dunn and Clark's method (see Steiger, 1980) was applied to test the difference between two correlations when the correlations are based on the same sample. The difference of correlations from two different samples were tested by using Fisher's r-to-z transformations (see Ferguson, 1966).

RESULTS

Tables 1 to 3 present the results for the above analyses. Several interesting results should be highlighted. First, the correlation of parent's and child's reports of parallel constructs are all significant ($p < .05$), ranging in magnitude from .19 (anxiety) to .34 (conduct problems). Second, if both parenting behavior and child symptomatology were reported by the same informant, parenting behavior generally shows a moderate to large relationship with symptomatology (median $r = .44$ for parent; .38 for child). For both parent and child reporters, the relationship between parental acceptance and anxiety was appreciably lower in magnitude than the other relationships. Third, although the

correlations of parenting and child symptomatology based on different informants are typically statistically significant, Dunn and Clark tests show that the correlations based on different informant are significantly lower than those based on the same informant (cf. Tables 2 and 3). Fourth, the relationships between parenting and child symptomatology are consistently, though not always significantly, higher for boys than for girls. Finally, no consistent pattern of differences emerged in analyses comparing the relationships found for the older vs. younger children.

DISCUSSION

The present study analyzes the source and degree of disagreement between parent's and child's reports of parenting behavior and child's psychopathology. Discrepancies were found when the parenting behavior and child's psychopathology were reported by different informants. These discrepancies indicate that, with any single informant, we can only hope to get a partial picture of the impact of the relationships between parenting and child symptomatology; therefore, multiple informants are needed. Further studies are necessary to determine more precisely exactly which perceptions of parenting and symptomatology are shared by parent and child and the degree to which shared and nonshared perceptions of parenting are associated with symptomatology.

REFERENCE

Achenbach, T. M. & Edelbrock, C. (1983). Manual for the Youth Self-Report and Profile. Burlington, Vermont: University of Vermont Department of Psychiatry.

Achenbach, T. M., & Edelbrock, C. S. (1983). Manual for the Child Behavior Checklist and Revised Child Behavior Profile, Burlington, Vermont: University of Vermont Department of Psychiatry.

Bruce, S. F., & Wolchik, S. A. (1986). Multiple reports of stress, parenting and child adjustment following divorce. Paper presented at the Western Psychological Association Convention, Seattle, WA, May 3, 1986.

Ferguson, G. A. (1966). Statistical Analysis in Psychology and Education (2nd Ed.). New York: McGraw-Hill.

Gersten, J. C., Beals, J. L., West, S. G., & Sandler, I. N. (1987). A measurement model of major constructs of child psychopathology. Paper presented at the Binenniel Meetings of the Society for Research in Child Development, Baltimore, Maryland, April 23-26, 1987.

Kovacs, M. (1981). Rating scales to assess depression in school-aged children. Acta Raedopsychiatrica, 46, 305-315.

Reynold, C., & Richmond B. (1978). What I think and feel: A revised measures of children's manifest anxiety. Journal of Consulting and Clinical Psychology, 6, 271-280.

Schaefer, E. S. (1965). Children's report of parental behavior: An inventory. Child Development, 36, 413-424.

Steiger, J.H. (1980). Test for comparing elements of a correlation matrix. Psychological Bulletin, 89, 245-251

Table 1

Correlation of Parent and Child Reports of CRPBI and Symptoms

	ACCEPT	REJECT	DEPRESS	ANXIETY	CONDUCT
Boy	.34**	.46**	.17*	.24*	.44**$_a$
Girl	.12	.23*	.27*	.08	.15*$_b$
Young	.12	.42**	.22*	.15*	.32**
Old	.35*	.19	.25*	.20	.37*
Overall	.24**	.33**	.25**	.19*	.34**

* p<.05
** p<.001

Note: There are significant differences between the correlations with differing subscripts.

Table 2

Within-Rater Correlations

a. Correlation of Parent's Report of CRPBI with Parents's Report of Child Symptoms

i. Acception

	DEPRESSION	ANXIETY	CONDUCT
Boy	.52** a	.34** a	.68** a
Girl	.19* b	.04 b	.37** b
Young	.32**	.19*	.54**
Old	.40**	.15	.52**
Overall	.37**	.19*	.53**

ii. Rejection

Boy	.64** a	.52** a	.68**
Girl	.38** b	.24* b	.55**
Young	.50**	.35**	.60**
Old	.53**	.41**	.62**
Overall	.51**	.37**	.61**

(continued)

(Table 2 continued)

b. Correlation of Child's Report of CRPBI with Child's Report of Child Symptoms

i. Acceptance

	DEPRESSION	ANXIETY	CONDUCT
Boy	.33**	.08	.43**
Girl	.38**	.10	.38**
Young	.27**	.12	.26*[a]
Old	.42**	.02	.55**[b]
Overall	.36**	.09	.38**

ii. Rejection

	DEPRESSION	ANXIETY	CONDUCT
Boy	.39**	.39**	.46**
Girl	.41**	.36**	.57**
Young	.29**[a]	.35**	.47**
Old	.60**[b]	.34*	.62**
Overall	.40**	.37**	.52**

Table 3

Cross-reporter Correlations

a. Correlation of Child's Report of CRPBI with Parent's Report of Child Symptoms

i. Acceptance

	DEPRESSION	ANXIETY	CONDUCT
Boy	.10	.05	.18*
Girl	-.03	-.11	.06
Young	.04	.05	.12
Old	.05	-.11	.22*
Overall	04	-.03	.15*

ii. Rejection

Boy	.24*	.23*	.36**
Girl	.07	.04	.17*
Young	.19*	.17*	.36**
Old	.05	.02	.16
Overall	.16*	.13*	.29*

(continued)

(Table 3 continued)

b. Correlation of Parent's Report of CRPBI with Child's Report of Child Symptoms

i. Acceptance

	DEPRESSION	ANXIETY	CONDUCT
Boy	.15	.15	.33**
Girl	.04	.01	.18
Young	.07	.11	.20*
Old	.11	.02	.30
Overall	.13*	.10	.26*

ii. Rejection

Boy	.22*	.30*	.31*
Girl	.04	.00	.08
Young	.12	.17*	.18*
Old	.16	.16	.25
Overall	.14*	.17*	.26**